

# FOREIGN DEPARTMENT

IN CHARGE OF  
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## THE REVOLUTION IN FRENCH HOSPITALS

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### HOSPITALS OF PARIS

IN 1877 the famous "laicisation" of the Paris hospitals took place, and in 1878 the first nursing school was established. Let it not be supposed, however, that anything like the pioneer schools of England or America was created, or that any similar movement among educated women renovated these old hospitals.

"Laicisation" meant that the religious sisters were removed from the hospitals and that the entire control of the nursing arrangements was assumed by the directors and official and medical staffs. The entire nursing personnel consisted of an enormous and unwieldy mass of illiterate, common, unrefined—indeed, often coarse and hardened—servant nurses of both sexes. The change naturally met with bitter opposition from the clergy and all the friends of the sisters. Yet the clergy themselves were primarily to blame, for, by their artificial and arbitrary ruling and limiting of the usefulness of the sisters they had made them simply figure-heads, not directly responsible to the medical staff, not invariably obedient to the medical chiefs, not realizing the demands of asepsis and science—in short, retrograde workers, no longer adapted to their environment.

The correspondent of the *British Medical Journal* above quoted wrote:

"Had the French Sisters of Charity moved with the times to establish training-schools; had they taken their part in the Nightingale movement in England or the deaconess system of Germany, they might now be in a better position before the world."

While these words are perfectly correct, the writer should have put the blame for this deterioration where it really belonged, namely, on the shoulders of the men whose preposterous interference and repression had effectually ruined the sisters' usefulness.

So these women, who could have been and who might have been the most perfect nurses imaginable, many of them belonging precisely to the refined class needed in hospital, were turned out because one set

of men had so subordinated them that they were useless as handmaidens of modern medical science, and another set of men undertook to show what they could do in the training and ruling of nurses. The situation had its pathos, and was not without its ludicrous features.

The "nursing school" first established was by no means after the English models. The first necessity, before beginning a course of professional lectures, was to impart primary instruction, for the majority of the nurses were unable to read and write. The process was a slow one too, because they could not be compelled to attend the courses of instruction. They were not taken in under contract to fulfil a course of practical and theoretical work; they were engaged on a wages' basis, and could only be encouraged to avail themselves voluntarily of the educational advantages offered.

The problem was an enormous one. The municipality of Paris has under the care of its Public Charities Department fourteen large general hospitals, eighteen special hospitals, and twenty-seven institutions for chronics, incurables, almshouse cases, and every imaginable variety of dependent. What the total number of patients was when the change was first inaugurated I do not know, but in 1888 Paris was caring for two hundred thousand patients, twenty-four thousand infirm, two hundred thousand paupers, and forty thousand rescued children.

All this with the lay nursing staff, who were getting lessons in reading and writing. The first "school" was started in the hospital La Salpêtrière, the next in Bicêtre, then in Laënnec, Pitié, and so on. The two former are for chronic and incurable cases. Here it was, of course, easier to begin. The plan of the physicians was to divide the teaching under three heads: (1) the course of general education; (2) the professional theory; (3) practical work by rotation in the wards. They made this plan, struggled with it, and struggled with the nursing staff, alone.

Let us not appear to criticise these men unfairly. It is not easy to say where, or how, they could have found trained, competent, educated women to help them. It was just after the time of a dreadful war; Germany was a deadly enemy, otherwise head nurses or matrons might have been found there. With England, also, national feelings were so little friendly that Dr. Anna Hamilton says it was not until 1897 that a fairly detailed account of Miss Nightingale's work was given in a French medical journal, and that it would have been quite useless to suggest asking English nurses to undertake reform work (though they would doubtless have been glad to do it). As late as 1896 an English sister was called to a hospital in Marseilles, and to-day this unfortunate prejudice between two nations has happily disappeared.

Dr. Hamilton herself is not an old enough woman to have been ready to help in the beginning. Her own splendid hospital work was begun in the early '90's. One does not wish to be unjust to the French women, either, yet it seems hard to avoid the conclusion that women of refinement and education were far behind those of other countries in going into public work. Even as late as to-day, at International Congresses, the number of French women representing voluntary social reform and public-spirited movements is strikingly smaller than the number of those from other countries of equal size.

In Germany the organized activity of the women in the War of 1813 gave the actual impetus to the early nursing movement of Kaiserswerth and the Deaconess houses, and the Franco-Prussian War gave an enormous stimulus to women's work in hospitals, under the Red-Cross, and in works of general benevolence. But, strangely, the war does not appear to have shown this result in France. Certainly there was no general movement among women of the better class to become active in hospital management and to create or themselves enter into the work of trained nursing. It is possible that those who by character and position were fitted for this kind of service were already in the banished orders. Whatever the reasons, one cannot but be struck by the absence of the women, the isolated loneliness of the men in their reform, and cannot but admire and respect the courage, patience, and persistence of the latter most heartily. When one thinks of the Vienna hospital, and the complete indifference of the men there to the wretched nursing conditions, and contrasts it with the purpose and the ideals of the French directors and medical chiefs, one's admiration increases even to warm recognition and gratitude. For at least their ideals and purposes are high and good. They wish to have an educated and efficient nursing staff. They wish to elevate and to teach the nurse. They want her to be the capable colleague of the physician. They recognize the deficiencies and their efforts have been heroic. Especially must one regard Dr. Bourneville as preëminent in this movement for nursing reform. Everything that they could do themselves they have done, and if their results do not seem to us good, it is because there are some things they cannot do. Let us repeat that the task has been herculean. Friends of the banished sisters in the lay management tried to balk the efforts of the reforming medical chiefs, and opponents of the new order in the medical staff made it hard for lay managers who tried to reform the new service. These things happen everywhere, and in all kinds of work, especially in educational reforms.

So it came about that, although the physicians had from the first demanded rotation in the wards for the pupils, they have never been able

to get it. They complain, too, that the nurses are often removed from one hospital to another, breaking off their studies and thus discouraging them.

Dr. Bourneville, in one of his reports, speaks of an apparent injustice in the fact that nurses appointed to the higher posts of head nurse or supervisor were not always those who had taken the course of study. But as the amphitheatre attendants and other employés not directly concerned with nursing are also admitted to the study course, it is evident that it cannot be assumed that those who had had it were the best practical nurses. They might, indeed, be elevator men or book-keepers and not nurses at all.

In spite of all difficulties progress has been made, the grade of applicant has improved, and a larger number have had a primary education. Moreover, every year a larger number take the hospital course. In 1900, according to Dr. Bourneville, fifty-two passed the examinations. The course consists of seven lessons in ward management and hospital records and account keeping, six each in anatomy and physiology, twelve in hygiene, eighteen in minor surgery, ten in the uses of drugs, four in obstetrics. A manual of nursing is used as a reading lesson, with explanations. Every year lectures are given by specialists and a set of leaflets dealing with special points is published and these are at the service of the nurses. Practical exercises, he reported, were conducted every day, in surgical and medical wards alternately, under the direction of the "surveillantes," or supervising nurses (who, however, themselves may be only "experienced" nurses without teaching). The exercises consist of the care of instruments, management of dressings, and handling of drugs. The pupils are taught to apply dressings, blisters, etc., take temperature, pulse, and respiration, to vaccinate, give hypodermic and other injections, irrigations, etc. The professional "cupper" of each hospital teaches them to cup; the bath attendants teach them to give baths, douches, etc.; "sage-femme," or midwife, teaches the women how to examine and how to do up a parturient patient. A manikin is used for bandaging, and, as each course is finished, the pupils are required to write several essays upon what they have learned. An examination is then set, with a minimum to pass.

Dr. Bourneville in the report above mentioned enumerated the points in which improvement was necessary to make the service what it should be. Better rooms for the nurses are urgently needed. At present they are badly housed. Their food is not good, and the men's summer uniform should be different. Night duty needs improvement. At present it is often necessary to put probationers on night duty. Each school needs a small amphitheatre class-room, a sitting-room, a nurses'

library, and specimen room. Then, promotion should take place in a just and orderly way. The higher posts should only be given to those holding the hospital diploma, and the salaries should rise with length of service.

Further, he recommended that vacation houses should be maintained for the nurses, or else that they should have paid vacations. He advised the establishment of training-schools in every town, and urged that the possession of a diploma be made as obligatory for the nurse as for the teacher. After his report was read he asked for a resolution. The various speakers warmly endorsed his points. Dr. Berthod said that physicians could not get good results with dirty and ignorant nurses. They had to be clean and they ought to be lodged comfortably. Moreover, they could not study when they were over-tired with work. The pay should be better, the work made more dignified, the housing should be better, and the moral tone raised. This, he said, had been done in the Lyon hospital.

The president of the meeting remarked that he had once thought devotion was sufficient, but now he believed in training. The school in Lyon was open to lay women and to "*religieuses*." Dr. Bourneville said this was also the case in Paris, but the sisters would not come. Resolutions were finally passed endorsing Dr. Bourneville's recommendations.

Again, the situation has its pathos, as one regards all these learned—and not only learned, but cultured and most courteous—men striving in scholarly and conscientious fashion to educate and train their hundreds of nurses. The ridiculous side is also again discernible. Dr. Hamilton scores them all right roundly for not putting trained matrons or women principals in charge, criticises unsparingly the scientific theory which they present to these pupils, in whose entire hospital sojourn all that we include in the term "*practical training*" is so lamentably absent, and declares that examinations at which she has been present, when scientific men examined pupils in *nursing*, which they knew nothing about, would move one alternately to tears and laughter.

I went through some of the great hospitals in Paris, and I must confess, while feeling every sympathy with the efforts made and every wish to judge justly, that the impression made was most painful. For one thing the general aspect of the wards is one of cheerless, military, and unhomelike bareness. This is in the older hospitals. Two beautiful smaller hospitals are exceptions to this—viz., the Broca and the Boucicaut.

Then, among the nurses, while again military system was apparent, one's heart sank. I think the uniform is largely accountable for this im-

pression. The nurses are most carefully uniformed, with different kinds of caps showing the different grades, different ribbon bands, etc., and, alas, the uniforms are lamentable. The junior nurses wear a linen supposed to be white. It is, instead, the sad, hopeless gray of badly laundered hospital sheets. The dresses are made with much fulness, big linen squares tied on for aprons, and these of the most disheartening grime. The caps are not plain and simple, like the unassuming but spotless linen of the German sisters. They are flimsy, coquettish, elaborate, with velvet or ribbon bands, small, perched upon untidy hair, and so dirty that they are funny. Altogether the impression is quite indescribable. The "surveillantes," who wear a dark-colored dress, look much better, although still far from the ideal. Many of the younger nurses one sees have a callous expression and a flippant manner; then, on the contrary, one meets quite frequently rather older women who give one a cheering impression of character, worth, and ability. I was told in one of the hospitals by a young physician that striking improvements in the nursing staff had taken place in the last two years.

The classification of the nurses was something I did not get straight, but those who take the training appear to be distinguished from the others by a special title. The "surveillantes," or supervising nurses, are in five classes. The "matron" of the English hospitals, or the superintendent of nurses of ours, is conspicuous by her absence, and no one realizes what she is to a hospital until one visits hospitals where she is not. To her non-existence I attribute all the chilly unhomelikeness, lack of "atmosphere," and general dreariness that one finds in many of these big European barracks of hospitals, some of which look no pleasanter to live in than if they were so many clinical laboratories. The old Hôtel Dieu is one of the dreariest of all. It is one of two which still retain the Sisters of Charity, owing, I believe, to some clause in its constitution. The statues of Bishop Landry and two of the early French kings stand near the entrance, and they certainly have not been dusted in fifty years.

The Boucicaut, which is a very beautiful pavilion hospital, was built not long ago by private benevolence and placed under the management of the city.

(To be continued.)

### THE ENGLISH REGISTRATION MOVEMENT

THE Select Committee have recently heard some strong testimony in favor of registration. Mrs. Bedford Fenwick gave an outline of the entire movement from the time of founding the Royal British Nurses' Association in 1887 to establish it. She showed what had been done in